

Immunisations in the Paediatric Sickle Cell Disease Clinic at King's College Hospital

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For Child Health Clinical Guidelines Groups' use only	
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Dr Moira Dick (Consultant Community Paediatrician)	2	6/12/13	
Dr Sue Height (Consultant Paediatric Haematologist)	2	6/12/13	Addition to section on influenza vaccination.

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Paediatricians in Kent	Put on STSCT Network Website	D Rees

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Background

The aim of the guideline is to list the immunization schedule for children with sickle cell disease (SCD) seen at King's College Hospital.

Contents of guideline

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Definition/Background

Children with Sickle Cell Disease (SCD) become hyposplenic in the first year of life, and without a functioning spleen are more prone to severe infections. Children with sickle cell disease should receive all routine immunisations as for other children. These should be given at their chronological age regardless of prematurity. In addition children with SCD should be given some extra vaccinations because of their hyposplenic status.

Indications

This guideline applies to children seen in paediatric haematology clinics at King's College Hospital who have a diagnosis sickle cell disease (HbSS, HbSC, HbS/β thalassaemia, HbS D-Punjab, HbS O-Arab, HbS/HPFH, and some other very rare genotypes)

Contra-Indications

Children with SCD and other serious diseases may need to be vaccinated with a modified schedule, particularly those with co-existent immunodeficiency such as those on chemotherapy, steroids or with HIV.

Routine vaccinations

Children should receive all routine vaccinations as listed below, given by GPs as for all children:

2 months: 5-in-1 infant vaccine (diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B), conjugated pneumococcal vaccine, rotavirus vaccine

3 months: Men C vaccine, 5-in-1 infant vaccine, rotavirus vaccine

4 months: 5-in-1 vaccine, conjugated pneumococcal vaccine

12-13 months: MMR vaccine, Hib/MenC booster vaccine, conjugated pneumococcal vaccine

3 years, 4 months: 4-in1 pre-school booster, MMR vaccine

12-13 years: HPV vaccine (girls only)

13-15 years: MenC teenage booster

13-18 years: 3-in1 teenage booster vaccine

Additional vaccinations for children with SCD:

23 valent unconjugated pneumococcal vaccine (Pneumovax): given age 2, with 5 yearly boosters. This will be given in the sickle cell clinic when children attend for routine appointments, and recorded on EPR.

Influenza vaccination: nasal flu vaccination given every autumn/winter, by GPs. Children with known immunodeficiency or on corticosteroids should receive inactivated vaccine by the intramuscular route.

MenACWY conjugate: this should be given at least one month after Hib/MenC, ideally in the first year of life. Older children may never have received this and should be given a single dose, at least one month after the last Hib/MenC dose. This is given by GPs.

Hepatitis B vaccination: children starting a programme of regular blood transfusions should all be vaccinated against hepatitis B, according to the standard schedule of three vaccinations at 0, 1 and 6 months. This is given on the day ward when children attend for blood transfusion. Vaccination should also be considered in children staying for long periods in or travelling frequently to areas of high prevalence, including Africa. These vaccinations will be given by the GP.

Hepatitis A: this will be given to children on regular blood transfusions (usually with hepatitis B vaccine as Twinrix Paediatric) on the day ward. Additionally it should be given to any child with hepatopathy. It should be given as appropriate as a travel vaccination, as for all children.

Travel vaccinations: all routine travel vaccinations should be given as recommended. It is particularly important to ensure that malarial prophylaxis is taken appropriately. Patients should be warned of the dangers of dog bites.

References:

Immunisation against infectious disease: the green book

(www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)